

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		12/10/99
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	12/18/99
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	104930	1-11

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	01/03/00
2	✓	✓	01/03/00
3	✓	✓	01/03/00
4	✓	✓	01/03/00
5	✓	✓	01/03/00
6	✓	✓	01/03/00
7	✓	✓	01/03/00
8	✓	✓	01/03/00
9	✓	✓	01/03/00
10	✓	✓	01/03/00
11	✓	✓	01/03/00
12	✓	✓	01/03/00
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If more than 150 claims or 10 actions
 staple additional sheet here

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